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12/28/2005

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.
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Mary J. Dawson

(Depositor's name)

Mary J. Dawson

(Signature)

March 7, 2006

(Date)

03/10/2006 SDENB082 00000040 10018599

01 FC:1501

1400.00 OP

02 FC:8001

45.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/018,599	05/22/2002	Maria S. Gawryl	1161.1027064	8372

TITLE OF INVENTION: PRESERVING A HEMOGLOBIN BLOOD SUBSTITUTE WITH A TRANSPARENT OVERWRAP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	03/28/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
GUPTA, ANISH	1654	514-006000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

HAMILTON, BROOK, SMITH &
REYNOLDS, P.C.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

BIOPURE CORPORATION

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Cambridge, Massachusetts 02141

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 15

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge any deficiency to Deposit Account Number 08-0380 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Booyong Shm Lim

Date

03/07/06

Typed or printed name

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L0200

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